

Women in Prison: Rondônia

Analysis from the Local Preventive Mechanism

| June 2024



Brazil - Rondônia

UNCAT Ratification 28 September 1989	OPCAT Ratification 12 January 2007
Local Preventive Mechanism (LPM) State Mechanism for the Prevention of Torture of Rondônia	
LPM legal framework State Law No. 3.262 of 5 December 2013	LPM operationalisation From May 2018
LPM structure A specialised institution linked to the State Secretariat for Social Support and Development. The State Mechanism for the Prevention of Torture of Rondônia is part of the National System to Prevent and Combat Torture established by federal legislation ¹ , which provides for the creation of a national mechanism and state mechanisms for each federative unit.	LPM composition Team of 3 members (2 women and 1 man)

I. Facts and figures²

Prison population	Prisons for women
Total prison population 14,685	Total number of women’s prisons 27
Women in prison(total) 1,177 (8%)	Women-only prisons 2
	Mixed prisons with special unit for women 25
Sentenced women 1,095	
Pregnant women 4	

¹ Law 12.847 of 2 August 2013, which establishes the National System to Prevent and Combat Torture; creates the National Committee to Prevent and Combat Torture and the Federative National Preventive Mechanism; and makes other provisions.

² Rondônia. State Secretariat of Justice, Computerised Information System (SEI) process no. 0026.003810/2024-13, Decree 0049803378, 17 June 2024, p. 12.

II. Recommendations

Material conditions

- + Ensure that the conditions of women-only cells meet the criteria of Mandela Rule 13: All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.³

Access to healthcare

- + Strengthen the National Comprehensive Healthcare Policy for People Deprived of Liberty in the Prison System (PNAISP), paying particular attention to Bangkok Rule 5.

Non-custodial measures

- + Ensure that women's rights are respected, taking into account the provisions of the Bangkok Rules, including the possibility of suspending a woman's detention with the best interests of their children in mind, as well as the preference for imposing non-custodial sentences on mothers (Rules 2 and 64); those of the Mandela Rules, which emphasise the need to guarantee that children can remain in prison with their detained parent or guardian (Rule 29.1)⁴; and those of the Tokyo Rules, which establish the importance of allowing children to remain in prison with their parent or guardian to the success of alternatives to detention (Rule 17.1)⁵.

III. Detention issues

Material conditions

The state of Rondônia has 25 dedicated detention centres for women. These units have different structures and facilities. The Department of Justice is committed to providing better facilities for people deprived of liberty, and although much has already been done in this regard, there is still a long way to go. Most women in prison sleep on mattresses on the floor and the majority of spaces within these facilities are small and poorly ventilated. Nevertheless, these centres do offer work activities, review and writing activities and crocheting, among others, with the main aim being to give inmates some respite and facilitate their re-socialisation. However, despite the progress made, there are still a number of complaints, as reported below:

"Every day here we look at each other, talk to each other, cry with each other, because we have children, our family outside. Not all of them always receive visits. For example, we know we've made mistakes, but do you have to leave us in this place where we can't even breathe properly? We spend the

³ Mandela Rules: United Nations Standard Minimum Rules for the Treatment of Prisoners. This document is available on the following webpage: <https://www.cnj.jus.br/wp-content/uploads/2019/09/a9426e51735a4d0d8501f06a4ba8b4de.pdf>. Accessed on 22 January 2024.

⁴ Mandela Rules: United Nations Standard Minimum Rules for the Treatment of Prisoners. This document is available on the following webpage: <https://www.cnj.jus.br/wp-content/uploads/2019/09/a9426e51735a4d0d8501f06a4ba8b4de.pdf>. Accessed on 22 January 2024

⁵ Tokyo Rules United Nations Standard Minimum Rules for the Development of Non-custodial Measures. This document is available on the following webpage: <https://www.cnj.jus.br/wp-content/uploads/2019/09/6ab7922434499259ffca0729122b2d38-2.pdf>. Accessed on: 22 January 2024

day looking out and thinking, is this ever going to change? That's why I really need to speak out, we have to speak out, because we feel abandoned here, some of us far away from our families, it's sad".

Access to healthcare

The complications surrounding the provision of healthcare for women deprived of liberty are an ongoing challenge, even when detained in penal establishments dedicated specifically for women. According to the unit's director, during an inspection visit by the LPM, it is a real challenge on a daily basis to deal with women whose lives are "marked by countless vulnerabilities: drug addiction, relations with criminal groups, less frequent visits from family members, LGBTIQ+ women, children, homeless women, victims of domestic violence, recidivism, prostitution, abstinence and withdrawal symptoms".

According to information from –the State Secretariat of Justice of Rondônia, women detainees have access to initial medical examinations when they are first admitted to prison, including an assessment of their mental health needs, followed by regular follow-up.

All the units visited by the LPM had health teams and a psychosocial team (nurse, psychologist and social worker). The general practitioner worked on specific days in these units. However, it is often difficult to access services and care in all these facilities given that the same team is assigned to both men and women. The team is overwhelmed by excessive demands, which also contributes to illness among male and women staff.

It must be stressed that the overcrowding and structural precariousness of penal establishments is one of the contributing factors to illness. Even the overcrowding of male units has a direct impact on the precariousness of the conditions in which women serve their sentences, as they are relegated to the background and have to shout more to be heard. The majority of women are in spaces attached to male prisons, which tend to receive more attention.

Since the daily lives of women are characterised by anguish and constant tension, tears are often triggered whenever someone comes to the unit to listen to them: "Can I actually talk?". Sometimes, all these women want is the chance to talk, to speak to someone else rather than just to themselves in their cells.

During the inspections, the LPM collected some rather significant testimonies of the physical and mental illness affecting many women in prison, as shown in the following extract:

"When I arrived here, I'd never taken controlled medication. At first, I couldn't sleep, then I got very nervous, and here it's like this: any reaction you give may lead to disciplinary action, and staying there alone for up to 10 days drives you crazy. You want to die in that place!"

In another example, the LPM interviewed a Bolivian inmate who had been suffering from severe headaches for days. Her CT scan had not been carried out at the time of the inspection, as he had yet to receive a personal identification card from the Brazilian Unified Health System.

Often, the psychological suffering caused by and experienced with family members also becomes a burden that women detainees need to get off their chest. This is an example of how they view the difficulty of seeing each other, of following the life trajectory prison and of envisaging life projects after prison:

"Sometimes I ask myself: will I ever get out of here? Thinking about my children brings too much suffering. Here, I feel more than just trapped; I feel like I'm stuck in time. It feels like my life has come to a halt. I can't see a way out [she falls silent, looks down, stays like that for a while, then lifts up her head and cries]: it feels like I can't take it, I'm going crazy here."

Good practice: Adopt health policies for people deprived of their liberty integrating a wide range of institutions linked to the criminal justice system and penal policy

The LPM is a part of the State Interinstitutional Committee for Monitoring the Anti-Asylum Policy within the Judiciary, which must comply with the Judiciary's Anti-Asylum Policy (National Council of Justice [CNJ] Resolution No. 487/2023), implementing the International Convention on the Rights of Persons with Disabilities and Law No. 10.216/2001 within the scope of criminal proceedings and the execution of security measures.

The Court of Justice of the State of Rondônia, through its Group for Monitoring and Inspection of the Prison and Socio-Educational Systems of Rondônia (GMF), has been trying to implement the guidelines of the National Comprehensive Healthcare Policy for People Deprived of Liberty in the Prison System (PNAISP) in the state. Working meetings have broadened the discussion of adherence to/implementation of the PNAISP, involving the State Secretariat of Justice (SEJUS), the Porto Velho Municipal Health Department (SEMUSA), the State Health Department (SESAU), the Health Department of the Secretariat of Justice (GESAU), the State Mechanism for the Prevention of Torture of Rondônia (MEPCT/RO), the State Public Defender's Office (DPE) and the State Public Prosecutor's Office (MPE). A Working Group within the GMF has been drawing up protocols for the use of restraint measures in hospitals, the transport of people deprived of liberty and the implementation of the Istanbul Protocol, with a particular focus on women and LGBTIQ+ people.

Custody hearings in the state of Rondônia have greatly contributed to identifying the need to place particular emphasis on women's mental health. In Porto Velho, the state capital, supervisory judges typically carry out a humane custody hearing procedure, asking a specific set of questions (in line with the Istanbul Protocol) relating to particular health situations, such as: a) "Do you have any children who are minors?", b) "Are you undergoing any kind of treatment?", c) "How are you feeling at the moment?", d) "Before you came to this hearing, did you have any breakfast?", e) "Have you eaten anything today?" and f) "What happened when you were arrested?". When there is a specific situation, such as police violence during the arrest, the magistrate will send the woman detainee to the Forensic Medical Institute for a corpus delicti examination, in accordance with the Istanbul Protocol. The magistrate will also request specific LPM monitoring, sending a copy of the minutes of the hearing and ordering the mechanism to follow up and monitor the case. These positive practices are not just limited to women; they are also carried out on other populations.

These procedures are also implemented by the capital's supervisory judge during on-site inspections and after hearing the people deprived of their liberty in the respective units. The minutes of the inspections are forwarded to both the LPM and competent authorities, along with requests for measures.

Use of means of restraint

The LPM has looked into a series of violations against women deprived of liberty in hospitals (hospital stays and while being escorted to hospital).

There have been countless complaints about the use of means of restraint in hospitals, including the handcuffing of lactating women in a public hospital in Rondônia. In this regard, the repeated complaints by the Human Rights Commission of the Rondônia Chapter of the Brazilian Bar Association were crucial. In 2017, these reports culminated in the opening of a Civil Inquiry by the Federal Public

Prosecutor's Office into the constant chaining of detainees in Porto Velho's public hospitals.⁶

These violations were brought to an end following an MNPCT investigation and an enquiry opened by the Public Prosecutor's Office. The mechanism also carried out a number of other visits to hospitals accommodating people deprived of their liberty, and SEJUS adapted the use of means of restraint.

The lack of dialogue – a fundamental requirement for dynamic security practices – was the main cause for complaint mentioned by the women in detention, as illustrated below:

"For me, there's a lack of dialogue, and I see it like this: they swear at us a lot and call us names. Motherfuckers, bitches, thugs, sluts, you're no good, you're all crazy - and sometimes we think we're all going to go crazy."

In the units visited by the LPM, it was found that tensions are either heightened or relieved depending on the staff members working that day. Variables such as effective care by staff and communication with women detainees, especially knowing how to approach negative behaviour when providing care, are important in this regard. "Sometimes it feels like we're not people, but are we people?", a woman inmate asked rhetorically.

IV. Women in a special situation of vulnerability

Foreign women

Since the state of Rondônia shares a long border with Bolivia, many Bolivians will often serve sentences in Brazil. It is also worth mentioning that Bolivians detained in the country often struggle to express themselves and understand Portuguese. With all this in mind, the LPM interviewed a Bolivian detainee during one of its recent inspections, who gave the following account:

"I'm 38 years old, I'm Bolivian, and I used to live in Cochabamba, Bolivia, with my husband, who is also in prison. I have four children who are now with relatives in Cochabamba. When I was arrested, I was still breastfeeding my newborn son. My husband and I were looking for work here in Brazil, but it didn't work out. When I was arrested, it was sad not knowing anything about my children. Now I know they're with my sister-in-law in Cochabamba. I've had a lot of headaches, sometimes my head feels swollen."

According to information gathered in conjunction with the Public Defender's Office, Bolivian women prisoners have been able to receive individualised legal support in the jurisdiction in which they are serving their sentence. Most of them are women with minor children and struggle to communicate in Portuguese. However, resolving family issues, such as gaining custody of minors and obtaining civil records, has been the greatest challenge with regard to their legal support.

V. Other relevant information from the LPM on women in prison

+ [Detailed Inspection Report of Cacoal/RO Detention Centre – Men- and Women-Only Units](#) (August

⁶ Prisoners are kept chained in the psychiatric ward of a hospital in Rio Grande do Sul. This report is available on the following webpage: [https://g1.globo.com/ro/rondonia/noticia/2013/03/presos-sao-mantidos-acorrentados-em-ala-psiquiatrica-de-hospital-em-ro.html#:~:text=A%20Comiss%C3%A3o%20de%20Direitos%20Humanos,Ary%20Pinheiro%2C%20em%20Porto%20Velho](https://g1.globo.com/ro/rondonia/noticia/2013/03/presos-sao-mantidos-acorrentados-em-ala-psiquiatrica-de-hospital-em-ro.html#:~:text=A%20Comiss%C3%A3o%20de%20Direitos%20Humanos,Ary%20Pinheiro%2C%20em%20Porto%20Velho.). Accessed on 19 January 2024

2023)

- + [Detailed Inspection Report of Pimenta Bueno Public Prison – Men- and Women-Only Units](#)
(November 2022)
- + [Circumstantial Inspection Report on the Deprivation of Liberty Units in Guajará Mirim and Nova Mamoré – Men- and Women-Only Units](#) (September 2022)
- + [Circumstantial Inspection Report of the Colorado D' Oeste Men's and Women's Public Prison](#)
(October 2022)

This report is part of the Global NPM report on Women in Prison.

Access the full report here: www.apt.ch/xxxxxx